

Fill in this information to identify the case:Debtor name Sona BLW Precision Forge, Inc.United States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINACase number (if known) 16-04336-5

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☒ **Amended Schedule Schedule A/B; Schedule D; Schedule E/F**
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 22, 2016**X /s/ Todd Downie**

Signature of individual signing on behalf of debtor

Todd Downie

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **Sona BLW Precision Forge, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**Case number (if known) **16-04336-5**
☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **11,317,909.01****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **11,317,909.01****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **5,749,640.29****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **14,302.25****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **12,574,135.77****4. Total liabilities**
Lines 2 + 3a + 3b\$ **18,338,078.31**

Fill in this information to identify the case:Debtor name **Sona BLW Precision Forge, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**Case number (if known) **16-04336-5**
☐ Check if this is an amended filing
Official Form 206A/B**Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest		
2.	Cash on hand	\$627.00

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. PNC Bank	Money market	1057	\$0.00
3.2. PNC Bank	Collection account	2039	\$66,323.01
3.3. PNC Bank	General Operating Account	0185	\$0.00
3.4. ICICI	Pass through account	1527	Unknown
3.5. Suntrust Bank	Used for foreign currency exchange	2EUR	\$0.00

4. Other cash equivalents (Identify all)

Debtor Sona BLW Precision Forge, Inc.
NameCase number (If known) 16-04336-55. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$66,950.01**Part 2: Deposits and Prepayments**6. **Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
- ☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**
Description, including name of holder of deposit7.1. **Deposit with UPS Express Mail** **\$800.00**7.2. **Deposit with Town of Selma - water/sewer** **\$5,000.00**7.3. **Deposits with Progress Energy for accounts ending 6222, 8227 and 5193** **\$170,181.00**7.4. **Deposit with Coolant Chillers** **\$1,098.00**8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$177,079.00**Part 3: Accounts receivable**10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes Fill in the information below.

11. **Accounts receivable**11a. 90 days old or less: **2,345,244.00** - **0.00** = **\$2,345,244.00**
face amount doubtful or uncollectible accounts12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$2,345,244.00**Part 4: Investments**13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
- ☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets18. **Does the debtor own any inventory (excluding agriculture assets)?**

Debtor Sona BLW Precision Forge, Inc.
NameCase number (If known) 16-04336-5

- ☐ No. Go to Part 6.
- ☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials Raw Materials - steel	March 31, 2016	\$1,068,052.00		\$1,068,052.00
20.	Work in progress Work in progress	March 31, 2016	\$2,871,574.00		\$2,871,574.00
21.	Finished goods, including goods held for resale Finished product	March 31, 2016	\$184,675.00		\$184,675.00
22.	Other inventory or supplies Inventory		Unknown		Unknown

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

\$4,124,301.00

24. Is any of the property listed in Part 5 perishable?

- ☒ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
- ☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
- ☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
- ☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Office furniture, fixtures, office equipment	Unknown		\$15,000.00

Debtor Sona BLW Precision Forge, Inc.
NameCase number (If known) 16-04336-540. **Office fixtures**41. **Office equipment, including all computer equipment and communication systems equipment and software**42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$15,000.0044. **Is a depreciation schedule available for any of the property listed in Part 7?**☒ No☐ Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes**Part 8: Machinery, equipment, and vehicles**46. **Does the debtor own or lease any machinery, equipment, or vehicles?**☐ No. Go to Part 9.☒ Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles				
47.1.	2004 F150 Heritage - mileage: 952,984	\$1,550.00	NADA	\$1,550.00
47.2.	2008 Ford Expedition XLT - mileage: 171,044	\$6,425.00	NADA	\$6,425.00
47.3.	2004 GMC Envoy SLT - mileage: 207,466	\$3,100.00	NADA	\$3,100.00
47.4.	2004 Honda Civic DX - mileage: 144,181	\$2,175.00	NADA	\$2,175.00
47.5.	2013 Nissan Murano - mileage: 36,141	\$21,025.00	NADA	\$21,025.00
48. Watercraft, trailers, motors, and related accessories <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels				
49. Aircraft and accessories				
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)				
	Production equipment and support	\$0.00	Appraisal	\$4,399,250.00
	General plant support	\$0.00	Appraisal	\$138,750.00

Debtor Sona BLW Precision Forge, Inc.
NameCase number (If known) 16-04336-551. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$4,572,275.0052. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 9: Real property54. **Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest****Description and location of property**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

Nature and extent of debtor's interest in property**Net book value of debtor's interest**
(Where available)**Valuation method used for current value****Current value of debtor's interest**

55.1. **Office building and 12.04 acres located at 500 Oak Tree Drive, Selma, NC with additional 5.34 acre tract - tax value \$6,084,500.00**

Fee simple

Unknown

Unknown

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.0057. **Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

General description**Net book value of debtor's interest**
(Where available)**Valuation method used for current value****Current value of debtor's interest**

Debtor <u>Sona BLW Precision Forge, Inc.</u> <small>Name</small>	Case number (If known) <u>16-04336-5</u>
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60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites			
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations <u>Customer list</u>	<u>\$0.00</u>		<u>Unknown</u>

64.	Other intangibles, or intellectual property <u>Clearance with United States to make parts for government vehicles</u>	<u>\$0.00</u>		<u>\$0.00</u>
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	<u>Environmental certification ISP 14001 and TS Certification ISO/TS16949 for automotive suppliers</u>	<u>\$0.00</u>		<u>Unknown</u>
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65.	Goodwill			
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66.	Total of Part 10. Add lines 60 through 65. Copy the total to line 89.		<u>\$0.00</u>	
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67.	Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
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68.	Is there an amortization or other similar schedule available for any of the property listed in Part 10? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
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69.	Has any of the property listed in Part 10 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
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Part 11: All other assets

70.	Does the debtor own any other assets that have not yet been reported on this form? Include all interests in executory contracts and unexpired leases not previously reported on this form. <input type="checkbox"/> No. Go to Part 12. <input checked="" type="checkbox"/> Yes Fill in the information below.			
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				<div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;"> Current value of debtor's interest </div>
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71.	Notes receivable Description (include name of obligor)			
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72.	Tax refunds and unused net operating losses (NOLs) Description (for example, federal, state, local) <u>NOL from Internal Revenue Service - value listed is gross value</u>	Tax year <u>2015/2016</u>		<u>Unknown</u>
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73.	Interests in insurance policies or annuities			
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74.	Causes of action against third parties (whether or not a lawsuit has been filed)			
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Debtor Sona BLW Precision Forge, Inc.
Name

Case number (If known) 16-04336-5

Funds that were to be deposited to account in India
were caused to be deposited into account in Great
Britain and Debtor was forced to pay the amount twice.
Reported to Internal Revenue Service Spam website.

\$17,060.00

Nature of claim Recovery of funds

Amount requested \$10,000.00

75. Other contingent and unliquidated claims or causes of action of
every nature, including counterclaims of the debtor and rights to
set off claims

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed *Examples:* Season tickets,
country club membership
**401(k) plan for employees - administered by Epic
Advisors, Inc.**

Unknown

Dies used to manufacture parts

Unknown

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$17,060.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor **Sona BLW Precision Forge, Inc.**
NameCase number (If known) **16-04336-5****Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$66,950.01	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$177,079.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$2,345,244.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$4,124,301.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$15,000.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$4,572,275.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$17,060.00	
91. Total. Add lines 80 through 90 for each column	\$11,317,909.01	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$11,317,909.01

Case number (if known) **16-04336-5**

Best Case Bankruptcy

Debtor **Sona BLW Precision Forge, Inc.**
NameCase number (if know) **16-04336-5****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.3

Callaway Industrial Services, Inc.

Creditor's Name

**Attn: Officer/Managing Agent
P.O. Box 3128
Mooresville, NC 28117**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**Describe debtor's property that is subject to a lien****500 Oak Tree Drive, Selma, NC 27576****\$49,069.72****\$0.00****Describe the lien****Claim of Lien****Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.4

Electric Equipment Co.

Creditor's Name

**Attn: Officer/Managing Agent
P.O. Box 37339
Raleigh, NC 27627**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**Describe debtor's property that is subject to a lien****Personal property of the debtor****\$6,495.61****Unknown****Describe the lien****Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.5

Global Premium Finance Company**Describe debtor's property that is subject to a lien****Unknown****Unknown**

Debtor **Sona BLW Precision Forge, Inc.**
NameCase number (if known) **16-04336-5**

Creditor's Name

Attn: Officer/Managing Agent
One South Jefferson Street
Roanoke, VA 24011

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Unearned insurance premiums

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.6

Johnston County Tax Collector

Creditor's Name

P.O. Box 451
Smithfield, NC 27577

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.Describe debtor's property that is subject to a lien
Property Taxes**\$270,246.57****\$0.00**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.7

Mazak Corporation

Creditor's Name

Attn: Officer/Managing Agent
P.O. Box 702600
Cincinnati, OH 45270

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Describe debtor's property that is subject to a lien
Mazak machine**\$3,481.50****Unknown**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Debtor **Sona BLW Precision Forge, Inc.**
NameCase number (if know) **16-04336-5****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.8 Nissan Motor Acceptance**

Creditor's Name

**Attn: Officer/Managing Agent
P.O. Box 660360
Dallas, TX 75266**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**Describe debtor's property that is subject to a lien****2013 Nissan Murano - mileage: 36,141****\$24,790.55****\$21,025.00****Describe the lien****Purchase Money Security****Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.9 NMHG Financial Svcs c/o CT Lien Sol**

Creditor's Name

**Attn: Officer/Managing Agent
P.O. Box 29071
Glendale, CA 91209**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**Describe debtor's property that is subject to a lien****Personal property****Unknown****Unknown****Describe the lien****Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.1 0 PNC Bank, N.A. - Bankruptcy Dept.****Describe debtor's property that is subject to a lien****\$5,390,701.34****Unknown**

Debtor **Sona BLW Precision Forge, Inc.** Case number (if known) **16-04336-5**

Creditor's Name
Attn: Officer/Managing Agent
P.O. Box 5570
Cleveland, OH 44101

Creditor's mailing address

All assets other than Zurich Insurance Proceeds

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1
1 **RayTech Machine Tools**

Creditor's Name
Attn: Officer/Managing Agent
4915 Waters Edge Dr., Ste 265
Raleigh, NC 27606

Creditor's mailing address

Describe debtor's property that is subject to a lien

AgieCharmilles Roboform 350 SP Die Sinker

Unknown

Unknown

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1
2 **Suntrust Equipment Finance & Lease**

Creditor's Name
Attn: Officer/Managing Agent
300 East Joppa Rd., Suite 700
Towson, MD 21286

Creditor's mailing address

Describe debtor's property that is subject to a lien

Equipment Promissory Note, Loan and Security Agreement

Unknown

Unknown

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Creditor's email address, if known

Debtor **Sona BLW Precision Forge, Inc.** Case number (if know) **16-04336-5**

Name

Date debt was incurred

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1 TFC Equipment Fin. c/o
3 Corp Svc Co

Creditor's Name

Attn: Officer/Managing Agent
801 Adlai Stevenson Dr.
Springfield, IL 62703

Creditor's mailing address

Describe debtor's property that is subject to a lien

All personal property

Unknown

Unknown

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1 Toyota Motor Credit
4

Creditor's Name

Attn: Officer/Managing Agent
P.O. Box 3457
Torrance, CA 90510-3457

Creditor's mailing address

Describe debtor's property that is subject to a lien

Toyota forklift

Unknown

Unknown

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Debtor **Sona BLW Precision Forge, Inc.**
Name

Case number (if know) **16-04336-5**

**2.1 US Bancorp Equipment
5 Finance**

Creditor's Name

**Attn: Officer/Managing
Agent
PO Box 230789
Portland, OR 97281**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

**Do multiple creditors have an
interest in the same property?**

- ☒ No
☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

**Certain equipment named in that UCC
recorded 8/12/2011, NC Secretary of State**

Describe the lien

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Unknown

Unknown

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$5,749,640.2
9**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

**PNC Bank, N.A. - Commercial Loan SC
Attn: Officer/Managing Agent
500 First Avenue
Pittsburgh, PA 15219**

On which line in Part 1 did
you enter the related creditor?

Line **2.10**

Last 4 digits of
account number for
this entity

☐ Check if this is an amended filing

12/15

\$0.00

Unknown

Debtor	Sona BLW Precision Forge, Inc. <small>Name</small>	Case number (if known)	16-04336-5
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2.3	Priority creditor's name and mailing address Delia Valdiviezo 204 Duke St. Garner, NC 27529	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$239.62	\$239.62
Date or dates debt was incurred		Basis for the claim: Wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address Felicity Barber 217 Charlevoix St. Clawson, MI 48017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$92.23	\$92.23
Date or dates debt was incurred		Basis for the claim: Wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: For Notice Purposes Only		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address Isaac Jerome Stewart 103 Plaza Drive Garner, NC 27529	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$181.37	\$181.37
Date or dates debt was incurred		Basis for the claim: Wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Sona BLW Precision Forge, Inc. Name		Case number (if known)	16-04336-5	
2.7	Priority creditor's name and mailing address Javontae Davis 751 Country Store Rd. Selma, NC 27576	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim: Wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.8	Priority creditor's name and mailing address Joel Guzman 515 E. Woodall St Smithfield, NC 27577	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim: Wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.9	Priority creditor's name and mailing address Justin Revels 212 Millbrook Village Dr. Goldsboro, NC 27530	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$249.31	\$249.31
Date or dates debt was incurred		Basis for the claim: Wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.10	Priority creditor's name and mailing address Keith Currie 292 Buck Dunn Rd. Four Oaks, NC 27524	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$193.53	\$193.53
Date or dates debt was incurred		Basis for the claim: Wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Sona BLW Precision Forge, Inc. Name		Case number (if known)	16-04336-5	
2.11	Priority creditor's name and mailing address Lamont Pettiway 725 Oak Grove Inn Rd Selma, NC 27576-5949	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$922.03	\$922.03
Date or dates debt was incurred		Basis for the claim: Wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.12	Priority creditor's name and mailing address Luther Ingram 545 Madison Ave. Princeton, NC 27569	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,674.74	\$1,674.74
Date or dates debt was incurred		Basis for the claim: Wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.13	Priority creditor's name and mailing address Marcia Cox 606 S. Smithfield St. Selma, NC 27576	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim: Wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.14	Priority creditor's name and mailing address Micahel Roy Elzey 1007 West Oak Street Selma, NC 27576	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred		Basis for the claim: Wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Sona BLW Precision Forge, Inc. Name	Case number (if known)	16-04336-5
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2.15	Priority creditor's name and mailing address NC Department of Revenue Attn: Bankruptcy Unit P.O. Box 1168 Raleigh, NC 27602-1168	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,192.72	\$0.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.16	Priority creditor's name and mailing address Todd Downie 1216 Lafayette Park Lane Matthews, NC 28104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,397.28	\$0.00
	Date or dates debt was incurred	Basis for the claim: Wages		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.17	Priority creditor's name and mailing address Vickie Fowler 109 Kirkwall Lane Selma, NC 27576	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$788.46	\$788.46
	Date or dates debt was incurred	Basis for the claim: Wages		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
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3.1	Nonpriority creditor's name and mailing address AAA Scale Company, Inc. Attn: Officer/Managing Agent P.O. Box 7056 Wilson, NC 27895	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$829.00
	Date(s) debt was incurred	Basis for the claim: <u>Account</u>	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.2	Nonpriority creditor's name and mailing address Accent Imaging, Inc. Attn: Officer/Managing Agent 8121 Brownleigh Dr. Raleigh, NC 27617	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$80.84
	Date(s) debt was incurred	Basis for the claim: <u>Account</u>	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **Sona BLW Precision Forge, Inc.**
NameCase number (if known) **16-04336-5**

3.3	Nonpriority creditor's name and mailing address Advanced Calibration Label, LLC Attn: Officer/Managing Agent 2035 Contractors Road, Ste 7 Sedona, AZ 86336 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$88.62
3.4	Nonpriority creditor's name and mailing address AFC-Holcroft Attn: Officer/Managing Agent P.O. Box 67000 Detroit, MI 48267 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,928.85
3.5	Nonpriority creditor's name and mailing address Airgas National Welders Attn: Officer/Managing Agent P.O. Box 601985 Charlotte, NC 28260-1985 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$93.85
3.6	Nonpriority creditor's name and mailing address AJAX Tocco Magnethermic Attn: Officer/Managing Agent P.O. Box 78000 Detroit, MI 48278-1449 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57,102.00
3.7	Nonpriority creditor's name and mailing address Allred Mechanical Services, Inc. Attn: Officer/Managing Agent P.O. Box 7663 Rocky Mount, NC 27804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,017.25
3.8	Nonpriority creditor's name and mailing address Amazon.com Attn: Officer/Managing Agent P.O. Box 965055 Orlando, FL 32896 Date(s) debt was incurred ____ Last 4 digits of account number <u>7537</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.9	Nonpriority creditor's name and mailing address American Broach and Machine Co. Attn: Officer/Managing Agent 575 South Mansfield St. Ypsilanti, MI 48197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$675.00

Debtor Sona BLW Precision Forge, Inc. Name		Case number (if known) 16-04336-5	
3.10	Nonpriority creditor's name and mailing address American Express Attn: Managing Agent P.O. Box 650448 Dallas, TX 75265-0448 Date(s) debt was incurred ____ Last 4 digits of account number 1000	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.11	Nonpriority creditor's name and mailing address Amerigas Propane LP Attn: Officer/Managing Agent P.O. Box 371473 Pittsburgh, PA 15250-7473 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$322.17
3.12	Nonpriority creditor's name and mailing address Apex Industrial Group Attn: Officer/Managing Agent 6509 Hilburn Dr., Suite 100 Raleigh, NC 27613 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,454.76
3.13	Nonpriority creditor's name and mailing address Aramark/AUS Central Lockbox Attn: Officer/Managing Agent P.O. Box 731676 Dallas, TX 75376 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,036.80
3.14	Nonpriority creditor's name and mailing address AT&T Mobility Attn: Officer/Managing Agent P.O. Box 5014 Carol Stream, IL 60197-5014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76.00
3.15	Nonpriority creditor's name and mailing address Atmosphere Engineering Company Attn: Officer/Managing Agent 419 W. Boden Street Milwaukee, WI 53207 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$653.00
3.16	Nonpriority creditor's name and mailing address ATO AG Attn: Managing Agent ViaPenate, 4-6850 Mendrisio SWITZERLAND Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,683.70

Debtor Sona BLW Precision Forge, Inc.		Case number (if known) 16-04336-5
Name		

3.17	Nonpriority creditor's name and mailing address Augustin Partners, LLC Attn: Officer/Managing Agent 300 East 42nd St., 14th Floor New York, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,120.00
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3.18	Nonpriority creditor's name and mailing address B.V. Tech Attn: Officer/Managing Agent Bliesstrabe 31 Gersheim 5 GERMANY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,002.09
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3.19	Nonpriority creditor's name and mailing address BlackHawk Industrial Attn: Officer/Managing Agent P.O. Box 8599 Saint Louis, MO 63126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,605.85
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3.20	Nonpriority creditor's name and mailing address Bolt Express Attn: Officer/Managing Agent 75 Remittance Dr., Ste 1231 Chicago, IL 60675 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,851.00
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3.21	Nonpriority creditor's name and mailing address Braj Aggarwal, CPA, P.C. Attn: Officer/Managing Agent 37-05 74th Street, 3rd Floor Jackson Heights, NY 11372 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
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3.22	Nonpriority creditor's name and mailing address Carolina Ice Company Attn: Officer/Managing Agent 2466 Old Poole Rd. Kinston, NC 28504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$145.66
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3.23	Nonpriority creditor's name and mailing address Carr Lane Roemheld Mfg. Co. Attn: Officer/Managing Agent 927 Horan Drive Fenton, MO 63026 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,204.52
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Debtor Name	Case number (if known)	
Sona BLW Precision Forge, Inc.	16-04336-5	
3.24 Nonpriority creditor's name and mailing address CDW Computer Centers, Inc. Attn: Officer/Managing Agent P.O. Box 75723 Chicago, IL 60675 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.15
3.25 Nonpriority creditor's name and mailing address CEFI, S.R.L. Attn: Officer/Managing Agent Viale America 4 Castellamonte 10081 ITALY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,726.20
3.26 Nonpriority creditor's name and mailing address Ceratizit USA, Inc. Attn: Officer/Managing Agent P.O. Box 13235 Newark, NJ 07101-3235 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,793.16
3.27 Nonpriority creditor's name and mailing address Cherry Bekaert & Holland, LLP Attn: Officer/Managing Agent P.O. Box 25549 Richmond, VA 23261-5549 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,250.00
3.28 Nonpriority creditor's name and mailing address Chris Ensign 1530 Evans Road Princeton, NC 27569 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.29 Nonpriority creditor's name and mailing address Cleveland Deburring Machine Company Attn: Officer/Managing Agent 3370 West 140th Street Cleveland, OH 44111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,600.00
3.30 Nonpriority creditor's name and mailing address Conveying Solutions Attn: Officer/Managing Agent P.O. Box 1866 Charleston, WV 25327 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00

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3.31	Nonpriority creditor's name and mailing address Cooley Wire Products Mfg., Co. Attn: Officer/Managing Agent 5025 North River Road Schiller Park, IL 60176 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$20,454.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.32	Nonpriority creditor's name and mailing address Covisint Attn: Officer/Managing Agent P.O. Box 674600 Detroit, MI 48267-4600 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$224.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.33	Nonpriority creditor's name and mailing address Crotts & Saunders, LLC Attn: Officer/Managing Agent 2709 Boulder Park Court Winston Salem, NC 27101-4776 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$1,179.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.34	Nonpriority creditor's name and mailing address Crystal Springs Attn: Officer/Managing Agent P.O. Box 660579 Dallas, TX 75266-0579 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$2,078.39 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.35	Nonpriority creditor's name and mailing address Custom Coating, Inc. Attn: Officer/Managing Agent 1937 Jacob Street Auburn, IN 46706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$15,642.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.36	Nonpriority creditor's name and mailing address Daryl Hopkins dba Fast Track Expedi Attn: Officer/Managing Agent 6054 S. NC Hwy 231 Middlesex, NC 27557 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$17,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.37	Nonpriority creditor's name and mailing address Dayco Manufacturing Attn: Officer/Managing Agent 6116 US 70 Hwy. W. Clayton, NC 27520 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$45,550.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.38	Nonpriority creditor's name and mailing address Dieffenbacher North America Attn: Officer/Managing Agent 9495 Twin Oaks Drive Windsor Ontario CANADA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,902.76
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3.39	Nonpriority creditor's name and mailing address Dillon Supply Co., Inc. Attn: Officer/Managing Agent P.O. Box 602541 Charlotte, NC 28260-2541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$844.54
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3.40	Nonpriority creditor's name and mailing address Direct Energy Business Attn: Officer/Managing Agent P.O. Box 32179 New York, NY 10087-2179 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,510.04
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3.41	Nonpriority creditor's name and mailing address DSV Air & Sea, Inc. Attn: Officer/Managing Agent P.O. Box 200876 Pittsburgh, PA 15251-0876 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,314.13
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3.42	Nonpriority creditor's name and mailing address Duke Energy Attn: Officer/Managing Agent P.O. Box 1003 Charlotte, NC 28201-1003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82,911.37
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3.43	Nonpriority creditor's name and mailing address Edwards Inc. Attn: Officer/Managing Agent 4119 Sheep Pasture Road Spring Hope, NC 27882 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,400.00
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3.44	Nonpriority creditor's name and mailing address Electric Equipment Co. Attn: Officer/Managing Agent P.O. Box 37339 Raleigh, NC 27627 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,486.00
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3.45 Nonpriority creditor's name and mailing address Elind SPA, Attn: Officer/Agent Viale Delle Industrie 17 10078 Venaria Reale TO ITALY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$292.02
3.46 Nonpriority creditor's name and mailing address Escape Proof, Inc. Attn: Officer/Managing Agent 1496 Durham St. Oakville Ontario CANADA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,621.26
3.47 Nonpriority creditor's name and mailing address Executive Personnel Group, LLC Attn: Officer/Managing Agent 1604 Carolina Ave., Suite 100 Washington, NC 27889 Date(s) debt was incurred ____ Last 4 digits of account number <u>437L</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.48 Nonpriority creditor's name and mailing address Fastenal Attn: Officer/Managing Agent P.O. Box 978 Winona, MN 55987 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,199.59
3.49 Nonpriority creditor's name and mailing address Federal Express Corporation Attn: Officer/Managing Agent P.O. Box 371461 Pittsburgh, PA 15250-7461 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,174.75
3.50 Nonpriority creditor's name and mailing address Federal Express Freight East Attn: Officer/Managing Agent P.O. Box 223125 Pittsburgh, PA 15251-2125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$660.14
3.51 Nonpriority creditor's name and mailing address Felicity Barber 217 Charlevoix St. Clawson, MI 48017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$734.60

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3.52	Nonpriority creditor's name and mailing address Focus Management Group Attn: Officer/Managing Agent 5001 West Lemon St Tampa, FL 33609 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,809.63
3.53	Nonpriority creditor's name and mailing address Ford Credit Attn: Officer/Managing Agent P.O. Box 552679 Detroit, MI 48255 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$488.46
3.54	Nonpriority creditor's name and mailing address Forging Industry Association Attn: Officer/Managing Agent 1111 Superior Ave., Suite 615 Cleveland, OH 44114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,470.00
3.55	Nonpriority creditor's name and mailing address Fraisa USA Attn: Officer/Managing Agent 1111 Superior Ave., Ste 615 Cleveland, OH 44114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,441.15
3.56	Nonpriority creditor's name and mailing address Fuchs Lubricants Co. Attn: Officer/Managing Agent 17050 Lathrop Avenue Harvey, IL 60426 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,572.66
3.57	Nonpriority creditor's name and mailing address Fujifilm North America Corporation Attn: Officer/Managing Agent Dept. CH19009 Palatine, IL 60055-9009 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,447.50
3.58	Nonpriority creditor's name and mailing address G&W Equipment Attn: Officer/Managing Agent 600 Lawton Road Charlotte, NC 28216 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,058.40

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3.59	Nonpriority creditor's name and mailing address Garfinkel Immigration Law Firm Attn: Officer/Managing Agent 6100 Fairview Rd., Suite 200 Charlotte, NC 28210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,600.00
3.60	Nonpriority creditor's name and mailing address General Machine & Saw Co. Attn: Officer/Managing Agent 740 West Center Street Marion, OH 43302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,726.32
3.61	Nonpriority creditor's name and mailing address Gerdauspecial Steel Attn: Officer/Managing Agent P.O. Box 67000 Detroit, MI 48267 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$927,994.77
3.62	Nonpriority creditor's name and mailing address Gerlieva Spruhtchnik Attn: Officer/Managing Agent Tiergarten Str. 8, 79423 Heitersheim GERMANY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,212.20
3.63	Nonpriority creditor's name and mailing address GKI, Inc. Attn: Officer/Managing Agent 6204 Factory Rd. Crystal Lake, IL 60014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,525.60
3.64	Nonpriority creditor's name and mailing address Global EDM Attn: Officer/Managing Agent P.O. Box 713680 Cincinnati, OH 45271 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$697.74
3.65	Nonpriority creditor's name and mailing address Graphel Corporation, Inc. Attn: Officer/Managing Agent P.O. Box 369 West Chester, OH 45071 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$975.67

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3.66	Nonpriority creditor's name and mailing address Great American Insurance Group Attn: Officer/Managing Agent 3561 Solutions Center Chicago, IL 60677 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$96,577.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.67	Nonpriority creditor's name and mailing address Greg Jones c/o Kevin Joyner 2301 Sugar Bush Rd, Ste 600 Raleigh, NC 27612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Civil Action</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.68	Nonpriority creditor's name and mailing address Hagemeyer North America, Inc. Attn: Officer/Managing Agent P.O. Box 404753 Atlanta, GA 30384 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$45,556.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.69	Nonpriority creditor's name and mailing address Hampton Inn Attn: Officer/Managing Agent 1695 Outlet Center Dr. Selma, NC 27576 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,530.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.70	Nonpriority creditor's name and mailing address Hardee's Lawn Precision Cut, Inc. Attn: Officer/Managing Agent 2699 Government Rd. Clayton, NC 27520 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$750.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.71	Nonpriority creditor's name and mailing address Harriet Tischer 563 Jacob Way, Apt 206 Rochester, MI 48307 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,568.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.72	Nonpriority creditor's name and mailing address Hartzog Granite Company Attn: Officer/Managing Agent 120 marvin Place Road Lynchburg, VA 24503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$875.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.73	Nonpriority creditor's name and mailing address Health Equity Attn: Officer/Managing Agent 15 W. Scenic Pointe Dr., Ste 400 Draper, UT 84020 Date(s) debt was incurred ____ Last 4 digits of account number 8167	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown	
3.74	Nonpriority creditor's name and mailing address Heat Treating Services LTD., Inc. Attn: Officer/Managing Agent P.O. Box 1889 Simpsonville, SC 29681 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,760.00	
3.75	Nonpriority creditor's name and mailing address Heatbath Corporation Attn: Officer/Managing Agent P.O. box 51048 Indian Orchard, MA 01151 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$639.46	
3.76	Nonpriority creditor's name and mailing address Hitachi Metals America, LLC Attn: Officer/Managing Agent 85 West Algonquin Rd. Ste 400 Arlington Heights, IL 60005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,546.52	
3.77	Nonpriority creditor's name and mailing address Holland (HMES) Attn: Officer/Managing Agent 27052 Network Place Chicago, IL 60673-1270 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,283.60	
3.78	Nonpriority creditor's name and mailing address HYG Financial Services, Inc. Attn: Officer/Managing Agent P.O. Box 643749 Pittsburgh, PA 15264 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,540.15	
3.79	Nonpriority creditor's name and mailing address IBI Group of North Carolina, PC Attn: Officer/Managing Agent 801 Corporate Center Dr. Raleigh, NC 27607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,600.00	

Debtor Sona BLW Precision Forge, Inc. Name		Case number (if known) 16-04336-5
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3.80	Nonpriority creditor's name and mailing address IC-Fluid Power, Inc. Attn: Officer/Managing Agent 63 Dixie Highway Rossford, OH 43460 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,167.66
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3.81	Nonpriority creditor's name and mailing address ICICI Bank Limited Attn: Officer/Manager 500 Fifth Avenue, Floor 28 New York, NY 10110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000,000.00
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3.82	Nonpriority creditor's name and mailing address Industrial Automated Systems Attn: Officer/Managing Agent 4189 Dixie Inn Road Wilson, NC 27893 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.83	Nonpriority creditor's name and mailing address Ingersoll-Rand Co. Attn: Officer/Managing Agent 15768 Collections Center Dr. Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,556.55
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3.84	Nonpriority creditor's name and mailing address Inline Fluidpower Attn: Officer/Managing Agent P.O. Box 179 Smithfield, NC 27577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,786.54
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3.85	Nonpriority creditor's name and mailing address Ionic Technologies Attn: Officer/Managing Agent 207 Fairforest Way Greenville, SC 29607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,665.21
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3.86	Nonpriority creditor's name and mailing address J&S Fluid Power, LLC Attn: Officer/Managing Agent P.O. Box 8311 Rocky Mount, NC 27804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,832.50
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3.87	Nonpriority creditor's name and mailing address J.G. Weisser Sohne Werkzeugmaschinenfabrik 1531 Georgen GERMANY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,707.51	
3.88	Nonpriority creditor's name and mailing address J.J. Keller & Associates, Inc. Attn: Officer/Managing Agent P.O. Box 548 Neenah, WI 54957 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$945.00	
3.89	Nonpriority creditor's name and mailing address Jennifer Pierce 6273 Howard Loop Stantonsburg, NC 27883 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown	
3.90	Nonpriority creditor's name and mailing address John Cutler 105 Prancer Circle Selma, NC 27576 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.05	
3.91	Nonpriority creditor's name and mailing address Johnston Community College Attn: Officer/Managing Agent P.O. Box 2350 Smithfield, NC 27577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,125.00	
3.92	Nonpriority creditor's name and mailing address K&J Enterprises Attn: Officer/Managing Agent 1400 East Geer St. Durham, NC 27704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,991.82	
3.93	Nonpriority creditor's name and mailing address Kasto-Racine Inc. Attn: Officer/Managing Agent P.O. Box 14310 Pittsburgh, PA 15239 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,929.29	

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3.94	Nonpriority creditor's name and mailing address Kone Cranes Attn: Officer/Managing Agent 4401 Gateway Blvd. Springfield, OH 45502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,801.91 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.95	Nonpriority creditor's name and mailing address Laboratory Corporation of America Attn: Officer/Managing Agent P.O. Box 12140 Burlington, NC 27216-2140 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.96	Nonpriority creditor's name and mailing address Landstar Express America, Inc. Attn: Officer/Managing Agent 16881 Collection Center Drive Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$30,626.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.97	Nonpriority creditor's name and mailing address Landstar Ranger, Inc. Attn: Officer/Managing Agent P.O. Box 784293 Philadelphia, PA 19178-4293 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,269.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.98	Nonpriority creditor's name and mailing address Lansing Forge Inc. Attn: Officer/Managing Agent 5232 Aurelius Rd. Lansing, MI 48911 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$152.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.99	Nonpriority creditor's name and mailing address Latrobe Specialty Steel Co. Attn: Officer/Managing Agent P.O. Box 644186 Pittsburgh, PA 15264 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,826.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.100	Nonpriority creditor's name and mailing address Livingston & Haven Attn: Officer/Managing Agent P.O. Box 890218 Charlotte, NC 28289 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,321.11 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.101	Nonpriority creditor's name and mailing address Machine Tech, Inc. Attn: Officer/Managing Agent 7 Crowders Ridge Clover, SC 29710 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,870.05
<hr/>			
3.102	Nonpriority creditor's name and mailing address Mager Scientific, Inc. Attn: Officer/Managing Agent P.O. Box 160 Dexter, MI 48130-0160 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,451.11
<hr/>			
3.103	Nonpriority creditor's name and mailing address Mark Luginbill 215 Gator Dr Goldsboro, NC 27530 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
<hr/>			
3.104	Nonpriority creditor's name and mailing address Mazak Corporation Attn: Officer/Managing Agent P.O. Box 702600 Cincinnati, OH 45270 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,249.44
<hr/>			
3.105	Nonpriority creditor's name and mailing address McMaster Carr apply Company Attn: Officer/Managing Agent P.O. Box 7690 Chicago, IL 60680 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,761.09
<hr/>			
3.106	Nonpriority creditor's name and mailing address Metro Technologies Attn: Officer/Managing Agent 410 South Salisbury St., Suite 112 Raleigh, NC 27601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.25
<hr/>			
3.107	Nonpriority creditor's name and mailing address Michael Spratt 102 Nicolet Lane Smithfield, NC 27577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

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3.108	Nonpriority creditor's name and mailing address Miller Transfer Attn: Officer/Managing Agent P.O. Box 453 Carson, CA 90745 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,400.00
3.109	Nonpriority creditor's name and mailing address Mobile Mini Attn: Officer/Managing Agent P.O. Box 740773 Cincinnati, OH 45274 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,365.66
3.110	Nonpriority creditor's name and mailing address Moore's Machine Company of Sanford Attn: Officer/Managing Agent 310 McNeill Road Sanford, NC 27330 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45,927.70
3.111	Nonpriority creditor's name and mailing address Morrisette Paper Co. Attn: Officer/Managing Agent P.O. Box 890982 Charlotte, NC 28289-0982 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,933.27
3.112	Nonpriority creditor's name and mailing address Motion Industries Inc. Attn: Officer/Managing Agent P.O. Box 404130 Atlanta, GA 30384 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,791.70
3.113	Nonpriority creditor's name and mailing address MSC Industrial Supply Attn: Officer/Managing Agent Dept. Ch 0075 Palatine, IL 60055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,478.18
3.114	Nonpriority creditor's name and mailing address National Assoc of Chiefs of Police Attn: Officer/Managing Agent P.O. Box 82188 Phoenix, AZ 85071-2188 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00

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3.115	Nonpriority creditor's name and mailing address Newage Testing Instruments Attn: Officer/Managing Agent P.O. Box 601466 Charlotte, NC 28260 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$768.26
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3.116	Nonpriority creditor's name and mailing address Newport Group, Inc. Attn: Officer/Managing Agent 1350 Treat Blvd, Suite 300 Walnut Creek, CA 94597 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$375.00
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3.117	Nonpriority creditor's name and mailing address North American Steel Co. Attn: Officer/Managing Agent P.O. Box 28126 Cleveland, OH 44128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,234.00
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3.118	Nonpriority creditor's name and mailing address Oasis Alignment Services, LLC Attn: Officer/Managing Agent 225 Pckering Road Rochester, NH 03867 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,271.70
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3.119	Nonpriority creditor's name and mailing address Ogletree Deakins Nash Attn: Officer/Managing Agent P.O. Box 89 Greenville, SC 29602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,620.99
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3.120	Nonpriority creditor's name and mailing address Pangborn Corp Attn: Officer/Managing Agent P.O. Box 936006 Atlanta, GA 31193-6006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,236.10
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3.121	Nonpriority creditor's name and mailing address Parson's Woodworking Attn: Officer/Managing Agent P.O. Box 829 Rocky Mount, NC 27801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,757.00
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3.122	Nonpriority creditor's name and mailing address Patrick Herder 3820 Bostwyck Dr. Fuquay Varina, NC 27526 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Unknown
3.123	Nonpriority creditor's name and mailing address Piedmont Natural Gas Attn: Officer/Managing Agent P.O. Box 660920 Dallas, TX 75266-0920 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$2,573.71
3.124	Nonpriority creditor's name and mailing address Pitney Bowes Attn: Officer/Managing Agent P.O. Box 371887 Pittsburgh, PA 15250-7874 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$425.93
3.125	Nonpriority creditor's name and mailing address PQ Systems Attn: Officer/Managing Agent P.O. Box 750010 Dayton, OH 45475 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$590.00
3.126	Nonpriority creditor's name and mailing address Press, Inc. Attn: Officer/Managing Agent 5330 Manchester Avenue Morristown, TN 37816 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$60,182.00
3.127	Nonpriority creditor's name and mailing address Professional Fire Extinguisher, Inc Attn: Officer/Managing Agent P.O. Box 1115 Clayton, NC 27528 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$2,337.76
3.128	Nonpriority creditor's name and mailing address Quill Corporation Attn: Managing Agent P.O. Box 37600 Philadelphia, PA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$2,113.27

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3.129 Nonpriority creditor's name and mailing address Radar Staffing Attn: Officer/Managing Agent 2216 Turtle Point Dr. Raleigh, NC 27604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.130 Nonpriority creditor's name and mailing address Red Star Oil Co., Inc. Attn: Officer/Managing Agent 802 Purser Drive Raleigh, NC 27603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$266.88
3.131 Nonpriority creditor's name and mailing address Rochester Midland Corp Attn: Officer/Managing Agent P.O. Box 64462 Rochester, NY 14624 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.132 Nonpriority creditor's name and mailing address Rockford Systems, Inc. Attn: Officer/Managing Agent 802 Purser Drive Raleigh, NC 27603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,360.00
3.133 Nonpriority creditor's name and mailing address Rocky Mount Electric Motor, LLC Attn: Officer/Managing Agent P.O. Box 1063 Rocky Mount, NC 27802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,585.00
3.134 Nonpriority creditor's name and mailing address Rodeco Company, Inc. Attn: Officer/Managing Agent 5811 Elwin Buchanan Dr. Sanford, NC 27330 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,002.00
3.135 Nonpriority creditor's name and mailing address Sachin Maggo 201 October Glory Lane Selma, NC 27576 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$115.03

Debtor	Sona BLW Precision Forge, Inc. Name	Case number (if known)	16-04336-5
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3.136	Nonpriority creditor's name and mailing address Safety-Kleen Attn: Officer/Managing Agent 125 Sommerville Park Road Pittsburgh, PA 15250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.137	Nonpriority creditor's name and mailing address Sam Analytic Solutions LLC Attn: Officer/Managing Agent 9720 Dayton Court Raleigh, NC 27617 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,620.72
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3.138	Nonpriority creditor's name and mailing address Selas Heat Technology Company, LLC Attn: Officer/Managing Agent 11012 Aurora-Hudson Road Streetsboro, OH 44241 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,588.93
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3.139	Nonpriority creditor's name and mailing address Servo Motors and Drives Attn: Officer/Managing Agent P.O. Box 20923 Milwaukee, WI 53220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,645.00
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3.140	Nonpriority creditor's name and mailing address Shamrock Environmental Corporation Attn: Officer/Managing Agent 6106 Corporate Park dr. Browns Summit, NC 27214 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,379.06
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3.141	Nonpriority creditor's name and mailing address Shawn Diefenderfer 114 North Kornegay Ave. Pine Level, NC 27568 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.142	Nonpriority creditor's name and mailing address Shred-IT Raleigh Attn: Officer/Managing Agent 1251 Intrepid Ct. Raleigh, NC 27610 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor Sona BLW Precision Forge, Inc. Name		Case number (if known) 16-04336-5
3.143	Nonpriority creditor's name and mailing address SMS Meer Service, Inc. Attn: Officer/Managing Agent 210 West Kensinger Dr. Cranberry Twp, PA 16066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,085.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.144	Nonpriority creditor's name and mailing address SONA AutoComp Germany Attn: Officer Papenberger Strabe 37 42859 Remscheid GERMANY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$127,147.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.145	Nonpriority creditor's name and mailing address Sona AutoComp US Attn: Officer/Managing Agent 500 Oak Tree Drive Selma, NC 27576 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,028.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.146	Nonpriority creditor's name and mailing address Sona BLW Prazisionsschmiede Attn: Officer/Managing Agent Paperberger strasse 37 Remscheid 42809 GERMANY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$348,690.16 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.147	Nonpriority creditor's name and mailing address Sona BLW Precision Forgings Ltd Attn: Officer/Managing Agent Begumpur Khotola Gurgaon AL 122001 INDIA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,335,167.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.148	Nonpriority creditor's name and mailing address Source Scan Agency Pvt Ltd Attn: Officer/Managing Agent 638 Pace City II, Sector 37 II Gurgaon Haryana INDIA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$17,699.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.149	Nonpriority creditor's name and mailing address Southeast Industrial Equipment Attn: Officer/Managing Agent P.O. Box 63230 Charlotte, NC 28263-3230 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,808.03 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)	
Sona BLW Precision Forge, Inc.	16-04336-5	
3.150 Nonpriority creditor's name and mailing address Southeast Toyota Finance Attn: Officer/Managing Agent P.O. Box 70831 Charlotte, NC 28272 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$313.14
3.151 Nonpriority creditor's name and mailing address Southeastern Freight Attn: Officer/Managing Agent P.O. Box 100104 Columbia, SC 29202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,088.04
3.152 Nonpriority creditor's name and mailing address Southern AG Carriers, Inc. Attn: Officer/Managing Agent P.O. Box 50335 Albany, GA 31703-0335 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.00
3.153 Nonpriority creditor's name and mailing address Southern Substation Attn: Officer/Managing Agent 4522 Appleton Ave Jacksonville, FL 32210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,015.00
3.154 Nonpriority creditor's name and mailing address SPC Mechanical Corporation Attn: Officer/Managing Agent P.O. Box 3006 Wilson, NC 27895 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,211.00
3.155 Nonpriority creditor's name and mailing address Stephen Vogt 2508 Kimbolton Drive College Station, TX 77845 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.156 Nonpriority creditor's name and mailing address Sunbelt Rentals, Inc. Attn: Officer/Managing Agent 3116 Capital Blvd. Raleigh, NC 27604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,030.88

Debtor **Sona BLW Precision Forge, Inc.**
NameCase number (if known) **16-04336-5**

3.157	Nonpriority creditor's name and mailing address Suntrust Bank Attn: Officer/Managing Agent P.O. Box 791250 Baltimore, MD 21279 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,095.99
3.158	Nonpriority creditor's name and mailing address Super Systems, Inc. Attn: Officer/Managing Agent 7205 Edington Dr. Cincinnati, OH 45249 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,325.00
3.159	Nonpriority creditor's name and mailing address Systel Business Equipment Attn: Officer/Managing Agent P.O. Box 41602 Philadelphia, PA 19101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$834.43
3.160	Nonpriority creditor's name and mailing address T&W Welding and Machine Co. Attn: Officer/Managing Agent 1896 Mallard Road Smithfield, NC 27577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$338.53
3.161	Nonpriority creditor's name and mailing address Taylor Enterprises, Inc. Attn: Officer/Managing Agent 2586 Southport road Spartanburg, SC 29302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,460.85
3.162	Nonpriority creditor's name and mailing address Tennant Attn: Officer/Managing Agent P.O. Box 71414 Chicago, IL 60694 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,638.51
3.163	Nonpriority creditor's name and mailing address The PIC Group Attn: Officer/Managing Agent 36510 Treasury Center Chicago, IL 60694-6500 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,476.62

Debtor Sona BLW Precision Forge, Inc. Name		Case number (if known) 16-04336-5
3.164	Nonpriority creditor's name and mailing address The Roberts Company Field Svcs. Attn: Officer/Managing Agent 133 Forliness Road Winterville, NC 28590 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$18,697.99 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.165	Nonpriority creditor's name and mailing address Thermal Metal Treating, Inc. Attn: Officer/Managing Agent P.O. Box 367 Aberdeen, NC 28315 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,727.08 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.166	Nonpriority creditor's name and mailing address TimkenSteel Corporation Attn: Officer/Managing Agent 28777 Network Place Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$71,938.31 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.167	Nonpriority creditor's name and mailing address Total Quality Logistics Attn: Officer/Managing Agent P.O. Box 634558 Cincinnati, OH 45263-4558 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$34,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.168	Nonpriority creditor's name and mailing address Town of Selma Attn: Officer/Managing Agent 100 North Raiford Street Selma, NC 27576 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,280.01 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.169	Nonpriority creditor's name and mailing address Uline Shipping Supplies Attn: Officer/Managing Agent P.O. Box 88741 Chicago, IL 60680 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$302.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.170	Nonpriority creditor's name and mailing address United Machine Works Attn: Officer/Managing Agent P.O. Box 147 Stokes, NC 27884 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,073.81 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Sona BLW Precision Forge, Inc.		Case number (if known) 16-04336-5
Name		

3.171	Nonpriority creditor's name and mailing address UPS Attn: Officer/Managing Agent P.O. Box 7247-0244 Philadelphia, PA 19170-0001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,593.17
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3.172	Nonpriority creditor's name and mailing address US Security Associates Attn: Officer/Managing Agent P.O. Box 931703 Atlanta, GA 31193 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,976.65
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3.173	Nonpriority creditor's name and mailing address Vardhman Special Steels, Ltd Attn: Officer/Managing Agent C-58 Focal Point Ludhiana Punjab AL INDIA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$249,660.17
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3.174	Nonpriority creditor's name and mailing address Waste Management Attn: Officer/Managing Agent P.O. Box 105453 Atlanta, GA 30348-5453 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,509.90
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3.175	Nonpriority creditor's name and mailing address WD Service Company Attn: Officer/Managing Agent P.O. Box 147 Bellmawr, NJ 08099 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$345.00
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3.176	Nonpriority creditor's name and mailing address WD Service Company Attn: Officer/Managing Agent P.O. Box 147 Bellmawr, NJ 08099 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$345.00
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3.177	Nonpriority creditor's name and mailing address Wesco CCA Attn: Officer/Managing Agent P.O. Box 642728 Pittsburgh, PA 15264-2728 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,499.11
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Debtor **Sona BLW Precision Forge, Inc.**
NameCase number (if known) **16-04336-5**

3.178 Nonpriority creditor's name and mailing address

Windstream Communications
Attn: Officer/Managing Agent
P.O. Box 9001950
Louisville, KY 40290-1950

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: **Account**Is the claim subject to offset? ☒ No ☐ Yes**Unknown**

3.179 Nonpriority creditor's name and mailing address

Yashvir Nandal
4002 Woodfield Lake Road
Cary, NC 27518

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: **Account**Is the claim subject to offset? ☒ No ☐ Yes**\$324.74****Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	SONA AutoComp Germany Klusing 22 49152 Bad Essen GERMANY	Line 3.144 <input type="checkbox"/> Not listed. Explain _____	—
4.2	Sona BLW Prazisionsschmiede GmbH Attn: Officer/Managing Agent Frankfurter Ring 227 Munchen 80807 GERMANY	Line 3.146 <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 14,302.25
5b. +	\$ 12,574,135.77
5c.	\$ 12,588,438.02

**United States Bankruptcy Court
Eastern District of North Carolina**

In re **Sona BLW Precision Forge, Inc.**

Debtor(s)

Case No. **16-04336-5**

Chapter **7**

VERIFICATION OF CREDITOR MATRIX - AMENDED

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **September 22, 2016**

/s/ Todd Downie

Todd Downie/President

Signer/Title

AAA Scale Company, Inc.
Attn: Officer/Managing Agent
P.O. Box 7056
Wilson, NC 27895

American Broach and Machine Co.
Attn: Officer/Managing Agent
575 South Mansfield St.
Ypsilanti, MI 48197

B.V. Tech
Attn: Officer/Managing Agent
Bliesstrabe 31 Gersheim 5
GERMANY

Accent Imaging, Inc.
Attn: Officer/Managing Agent
8121 Brownleigh Dr.
Raleigh, NC 27617

American Express
Attn: Managing Agent
P.O. Box 650448
Dallas, TX 75265-0448

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Amerigas Propane LP
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Bolt Express
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AFC-Holcroft
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Air Liquide Industrial US
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Aramark/AUS Central Lockbox
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Callaway Industrial Services, Inc.
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Airgas National Welders
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AT&T Mobility
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Carolina Ice Company
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AJAX Tocco Magnethermic
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Carr Lane Roemheld Mfg. Co.
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Allred Mechanical Services, Inc.
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Augustin Partners, LLC
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Cleveland Deburring Machine Company
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3370 West 140th Street
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Dayco Manufacturing
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Electric Equipment Co.
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Conveying Solutions
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Fastenal
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Global Premium Finance Company
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Werkzeugmaschinenfabrik
1531 Georgen
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Neenah, WI 54957

Kasto-Racine Inc.
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Javontae Davis
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Selma, NC 27576

Keith Currie
292 Buck Dunn Rd.
Four Oaks, NC 27524

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Lamont Pettaway
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Miller Transfer
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Landstar Express America, Inc.
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Manufacturers Capital, LLC
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Landstar Ranger, Inc.
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Latrobe Specialty Steel Co.
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Mazak Corporation
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Linamar Corporation and Linergy Mfg

McMaster Carr supply Company
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Motion Industries Inc.
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Livingston & Haven
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Metro Technologies
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National Assoc of Chiefs of Police
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Pangborn Corp
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Professional Fire Extinguisher, Inc
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NC Department of Revenue
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Parson's Woodworking
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Newage Testing Instruments
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Radar Staffing
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Piedmont Natural Gas
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Dallas, TX 75266-0920

RayTech Machine Tools
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Nissan Motor Acceptance
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Pitney Bowes
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Red Star Oil Co., Inc.
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NMHG Financial Svcs c/o CT Lien Sol
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PNC Bank, N.A. - Bankruptcy Dept.
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Rochester Midland Corp
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North American Steel Co.
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PNC Bank, N.A. - Commercial Loan SC
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Oasis Alignment Services, LLC
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PQ Systems
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Rocky Mount Electric Motor, LLC
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Ogletree Deakins Nash
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Press, Inc.
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Rodeco Company, Inc.
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Sachin Maggo
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SMS Meer Service, Inc.
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210 West Kensinger Dr.
Cranberry Twp, PA 16066

Source Scan Agency Pvt Ltd
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638 Pace City II, Sector 37 II
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Safety-Kleen
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Sona BLW Global

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